

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	(My	67010	11/16/99
O.I.P.E. CLASSIFIER		59	1123
FORMALITY REVIEW		700008	12-15-99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions  
staple additional sheet here